

SUMMER CAMPS 2020

DIVISION OF PARKS AND RECREATION INDIVIDUAL REGISTRATION FORM FOR ALL CAMPS (Use separate form for each child)

PLEASE PRINT ALL INFORMATION LEGIBLY

Please see attached for important registration dates and deadlines.

Office Use Only:

Date Received: _____

Received by: _____

Receipt No. _____

Scholarship: _____

Amount Pd: _____

Method of payment: (circle one)

Check Cash Credit PO

Camper Name: _____ Age: (as of August 1st) _____ Gender: ☐ M ☐ F

Address of Camper: _____ Home Phone: _____

City: _____ State: _____ Zip: _____ Birth Date: _____

Parent/Guardian Name: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Parent/Guardian Name: _____ Work Phone: _____

Cell Phone: _____ Email: _____

Camper lives with: ☐ Parent(s) ☐ Guardian

Did this child attend a Parks and Recreation camp last summer? ☐ Yes ☐ No

EMERGENCY CONTACT AND CHILD RELEASE AUTHORIZATION

(IF PARENT/GUARDIAN LISTED ABOVE CANNOT BE REACHED-MUST PROVIDE AT LEAST ONE CONTACT)

Name _____ Relationship to Child _____ Phone _____

Name _____ Relationship to Child _____ Phone _____

Note: We cannot release your child to anyone other than the parent(s)/guardian(s) named above or the persons listed on this form. Individuals should be prepared to show identification.

PLEASE CHECK ALL THAT APPLY:

Allergies:

_____ Hay Fever
_____ Ivy Poisoning, etc.
_____ Insect/bee stings
_____ Penicillin
_____ Other Drugs (List)
_____ Asthma
_____ Food
_____ Other (Please specify)

Other:

_____ Seizures
_____ Diabetes
_____ Exposure to Sun
_____ Other (Please specify)

Neuro/Psychological

_____ ADD/ADHD
_____ Epilepsy
_____ Other (Please specify)

Does your child need assistance due to a disability in order to fully participate in this program? (ex: sign language interpreter, one-on-one supervision, etc.) Individuals needing 1:1 care/supervision will need to provide their own support personnel.

☐ Yes ☐ No If yes, please describe: _____

If medication is to be taken at camp, please provide the following information:

(Dosage and time to be taken must be marked on the **original medicine container** sent to camp.)

Name of Medication

Dose (# pills, etc.)

Exact time to be taken

What is this medication for? _____

What are the effects of this medication on your child? _____

Family Physician: _____ Phone: _____

Hospital choice in case of emergency: _____

Our camps do **not** provide medical/health insurance. Campers are strongly encouraged to have their own insurance.

THIS SECTION MUST BE COMPLETED AND SIGNED FOR PARTICIPATION

MEDICAL CONSENT AGREEMENT AND RELEASE: I hereby authorize the Lexington-Fayette Urban County Government (its agents, employees, representatives, elected or appointed officials or designees and the agents or employees of its Division of Parks and Recreation, collectively referred to as "LFUCG"), to act for me according to their best judgment in an emergency requiring medical attention for me or my son, daughter, or ward and/or to treat me/my child for any injury/illness that I/he/she sustains during participation in any designated Parks and Recreation activity. I authorize admission to any hospital designated by LFUCG, if advance care (x-rays, tests, etc) is required. It is understood that every reasonable attempt will be made to notify the parent/guardian/named emergency contact of the participant in order to grant any additional authorization for medical procedures. Also, I waive and release the LFUCG from any and all liability for any injuries or illnesses incurred while participating in the above activity(s).

I understand that I am responsible for any costs incurred due to injuries received in participating in the above activity(s) covering medical and dental expenses. I further accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s).

Signature of Participant or Parent/Guardian (if minor child): _____ Date: _____

ASSUMPTION OF THE RISK AND WAIVER OF LIABILITY RELATING TO CORONAVIRUS/COVID-19

The novel coronavirus, COVID-19, has been declared a worldwide pandemic by the World Health Organization. COVID-19 is extremely contagious and is believed to spread mainly from person-to-person contact. As a result, federal, state and local governments and federal and state health agencies recommend social distancing and have, in many locations, prohibited the congregation of groups of people.

The Lexington-Fayette Urban County Government "LFUCG" has created new protocols and put in place preventative measures to reduce the spread of COVID-19; however, LFUCG, cannot guarantee that anyone working for, or attending, the programs located on LFUCG property will not become infected with COVID-19. Further, attending any program or activity on LFUCG property may increase the risk of contracting COVID-19.

By signing this agreement, I acknowledge the contagious nature of COVID-19 and voluntarily assume the risk of exposure that my children and I may be exposed to, in relation to participating in programs held on LFUCG property, and that such exposure or infection may result in personal injury, illness, permanent disability, and death. I understand that the risk of becoming exposed to or infected by COVID-19 may result from the actions, omissions, or negligence of myself and others, including, but not limited to, LFUCG employees, volunteers, program participants and their families.

I voluntarily agree to assume all of the foregoing risks and accept sole responsibility for any injury to myself or my children related to participation of programming on LFUCG property including, but not limited to, personal injury, disability, death, illness, damage, loss, claim, liability, or expense of any kind, that I or my children may experience in relation to programming located on LFUCG property. I hereby release, covenant not to sue, discharge, and hold harmless LFUCG, its employees, agents, and representatives, of and from the Claims, including all liabilities, claims actions, damages, costs or expense of any kind rising out or relating thereto. I understand and agree that this release includes any Claims based on the actions, omissions, or negligence of LFUCG, its employees, agents and representatives, whether a COVID-19 infection occurs before, during, or after participation in any program held on LFUCG property.

I understand that by signing this application I am responsible for payment and will comply with payment deadlines as specified in parent letter. _____Initial

I hereby represent that the above participant is in good physical condition and has no disease or injury that would keep the participant from taking part in the activity(s) and I accept responsibility that I and/or my son, daughter or ward, is physically able to participate in the above activity(s). _____Initial

I allow the likeness or picture of me/my child to appear in any official documentary, sponsor advertisement or television coverage, whatsoever, of this capacity in any manner incidental to participation in this event/program without compensation to me, my heirs, executors, agents and/or administrators. _____Initial

I hereby assert that I fully understand and agree to these waivers and agreements.

Signature of Parent/Guardian

Date

Print Name of Parent/Guardian

Name of Participant